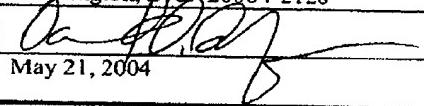
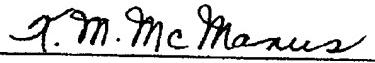


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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/051,297
		Filing Date	01/22/2002
		First Named Inventor	Heinz WALTER et al.
		Group Art Unit	2857
		Examiner Name	Jeffrey R. West
Total Number of Pages in This Submission	24	Attorney Docket Number	740116-358

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input checked="" type="checkbox"/> Replacement Drawings – Figs. 1, 2, 5b and 6a <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Abstract 2. Form PTO-1449
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David S. Safran, Reg. No. 27,997 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	May 21, 2004

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May 21, 2004	 Signature K.M. McManus Typed or printed name

NVA296573.1

FEE TRANSMITTAL FOR FY 2004

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(S)420.00**

Complete If Known	
Application Number	10/051,297
Filing Date	01/22/2002
First Named Inventor	Heinz WALTER et al.
Examiner Name	Jeffrey R. West
Art Unit	2857
Attorney Docket No.	740116-358

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

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The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

I. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (S) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
17	-20** =	0 X _____	= 0
2	-3** =	0 X _____	= 0
Multiple Dependent	X _____	= 0	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (S) 0

** or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	
Fee Code 1051	Fee Code 2051	Surcharge - late filing fee or oath	
130	65	Surcharge - late provisional filing fee or cover sheet	
1052 50	2052 25	Non-English specification	
1053 130	1053 130	For filing a request for ex parte reexamination	
1812 2,520	1812 2,520	Requesting publication of SIR prior to Examiner action	
1804 920*	1804 920*	Requesting publication of SIR after Examiner action	
1805 1,840*	1805 1,840*	Extension for reply within first month	
1251 110	2251 55	Extension for reply within second month	
1252 420	2252 210	Extension for reply within third month	
1253 950	2253 475	Extension for reply within fourth month	
1254 1,480	2254 740	Extension for reply within fifth month	
1255 2,010	2255 1,005	Notice of Appeal	
1401 330	2401 165	Filing a brief in support of an appeal	
1402 330	2402 165	Request for oral hearing	
1403 290	2403 145	Petition to institute a public use proceeding	
1451 1,510	1451 1,510	Petition to revive – unavoidable	
1452 110	2452 55	Petition to revive – unintentional	
1453 1,330	2453 665	Utility issue fee (or reissue)	
1501 1,330	2501 665	Design issue fee	
1502 480	2502 240	Plant issue fee	
1503 640	2503 320	Petitions to the Commissioner	
1460 130	1460 130	Processing fee under 37 CFR 1.17(q)	
1807 50	1807 50	Submission of Information Disclosure Stmt	
1806 180	1806 180	Recording each patent assignment per property (times number of properties)	
8021 40	8021 40	Filing a submission after final rejection (37 CFR 1.129(a))	
1809 770	2809 385	For each additional invention to be examined (37 CFR 1.129(b))	
1810 770	2810 385	Request for Continued Examination (RCE)	
1801 770	2801 385	Request for expedited examination of a design application	
1802 900	1802 900	Other fee (specify) _____	

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (S)420.00

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Date

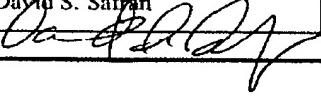
K.M. McManus

Signature
K.M. McManus

Typed or printed name

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	David S. Safran	Registration No. (Attorney/Agent)	27,997	Telephone	(202) 585-
Signature				Date	May 21, 2004

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